

LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9667	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Douglas Chappel P O Box Bldg Room No if any Street 11519 Cozumel City Cypress State CA ZIP Code + 4 90630	4 Name file number and address of labor organization Name International Brotherhood of Electrical Workers Local 441 Labor Organization File Number 030-310 P O Box Building and Room Number if any Street 309 N Newport Ste M City Orange State CA ZIP Code + 4 92868
5 Position in labor organization Business Manager	

Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed



On

8/12/05

Date

(714) 939-3131

Telephone Number

